

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**APPLICATION FOR LICENSURE**  
**PODIATRIC PHYSICIAN**

DOPL-AP-002 REV 12/04/2003

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**SUPPORTING DOCUMENTS AND FEES:**

**In addition to submitting a completed application, complete the following:**

1. Submit an official transcript from a college of podiatric medicine accredited by the Council of Podiatric Education, which includes your date of graduation and degree earned.
2. Submit an "Evaluation of Postgraduate Training" form (attached to this application) from each of your residency programs to document having successfully completed at least 12 months of postgraduate training in a program accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association.

Request that the Residency Director complete the form and mail it directly to the Division. Evaluations will not be accepted from administrative personnel. Letters of recommendation will not be accepted in lieu of the evaluation form.

4. Submit the original letter from Experiior documenting your passing score on the Utah

Podiatric Law Exam.

5. Submit an official score report from the National Board of Podiatric Medical Examiners Examination (NBPME) verifying your having passed the National Examination.
6. Submit an official score report from the Podiatric Medicine Licensing Examination verifying a passing score on the PM Lexis, unless you are applying by endorsement.
7. If you are applying for licensure by endorsement, additionally complete the following:

- ☐ Using the “Request For Verification of License” form (attached to this application), obtain verification of licensure from a state in which you are currently licensed as a podiatrist.

Request that the verifying state complete the form and mail or fax it directly to the Division or return them to you for submission with your application.

- ☐ Submit verification that you have been licensed as a podiatric physician in the jurisdiction issuing the license for at least the last two years immediately preceding the date of this application.
8. Submit a **\$200.00** non-refundable application-processing fee, made payable to “DOPL.”
  9. If you are applying for a Utah controlled substance license, additionally complete the following:
    - ☐ Submit the original letter from Exporior documenting your passing score on the Controlled Substances Law and General Law Examination.
    - ☐ Submit an additional **\$90.00** non-refundable application-processing fee.

**NOTE:** The total fee for a podiatric physician license **and** a Utah controlled substance license is \$290.00, made payable to “DOPL.”

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Law and Rules Exam:** All applicants for licensure must pass the Utah Podiatric Physician Law Examination. Contact Exporior at the address and telephone number below to register for the examination.

Exporior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

You may also purchase a study guide from Exporior that has been prepared to assist candidates taking law exams.

In addition, the following applicable laws and rules are available on the Internet at

[www.dopl.utah.gov](http://www.dopl.utah.gov):

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Utah Podiatric Physician Licensing Act
- ☐ Utah Podiatric Physician Licensing Act Rules

**The Controlled Substances Law Examination** is also administered by Experior. For registration and fee information, contact them directly at the address and telephone number above.

3. **Current Documents:** Applications, statutes, and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
4. **National Examination:** For registration and fee information or to request a score report, contact the National Board of Podiatric Medical Examiners (NMME) at P.O. Box 510, Bellefonte, PA, 16823, PHONE: (814) 357-0487, FAX: (814) 357-0581, E-MAIL: NBPMEOfc@aol.com
5. **PM Lexis:** To be eligible to sit for the PMLexis exam an applicant must submit the following to the Division:
  - ☐ a completed application
  - ☐ a transcript indicating completion of an approved podiatric program
  - ☐ the application fees
6. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
7. **Controlled Substance License:** You must hold a Utah controlled substance license AND DEA registration to administer, possess, or prescribe a controlled substance in your practice of podiatric medicine in Utah.
8. **DEA Registration:** For DEA registration information, contact the Drug Enforcement Administration at (800) 326-6900.
9. **License Renewal:** All podiatric physician licenses expire September 30 of every even-numbered year.

Unlike many other states, Utah's license renewal schedule is not based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing

fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

10. **Continuing Education:** In order to renew your license you must complete at least 40 hours of qualified continuing education.
11. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
12. **Name Change:** If you have been licensed by the Division under any other name, please submit documentation of your name change such as a copy of your marriage license or divorce decree.
13. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

14. **Telephone Numbers:** (801) 530-6628  
  
(866) ASK-DOPL – Toll-free in Utah  
(866) 275-3675
15. **Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSURE

## GENERAL INFORMATION

License Applying For: \_\_\_\_\_ Podiatric Physician License  
\_\_\_\_\_ Utah Controlled Substance License

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

**MEDICAL SCHOOL:** (Use additional sheets if necessary.)

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**GRADUATE MEDICAL EDUCATION OR TRAINING:**

Complete the information below and account for **all periods** of training or postgraduate work from the time you graduated from podiatric school. (Use additional sheets if necessary.)

Name of Hospital: \_\_\_\_\_

Address of Hospital: \_\_\_\_\_

Department: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Position (Intern, resident, fellow): \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Address of Hospital: \_\_\_\_\_

Department: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Position (Intern, resident, fellow): \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Address of Hospital: \_\_\_\_\_

Department: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Position (Intern, resident, fellow): \_\_\_\_\_

**PROFESSIONAL WORK EXPERIENCE:**

Please list your professional work experience. Account for **all periods** of time since you completed your post-graduate training. (Use additional sheets if necessary.)

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**PROFESSIONAL EXAMINATION REQUIREMENT:**

Answer “yes” or “no.”

\_\_\_\_\_ NBMPE, Date(s) Taken: \_\_\_\_\_

\_\_\_\_\_ PMLexis, Date(s) Taken: \_\_\_\_\_

\_\_\_\_\_ Utah Podiatric Law Exam, Date(s) Taken: \_\_\_\_\_

\_\_\_\_\_ Utah Controlled Substances Exam, Date(s) Taken: \_\_\_\_\_

\_\_\_\_\_ State Exam: State Taken: \_\_\_\_\_ Year Taken: \_\_\_\_\_

**LICENSES:**

List all licenses, registrations, or certifications issued by any state which you now hold or have ever held in any health care profession. Use additional sheets if necessary.

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Answer “**yes**” or “**no**.”

\_\_\_\_\_ I have been licensed as a podiatric physician for at least 2 years immediately preceding the date of this application.

**IF APPLYING FOR A CONTROLLED SUBSTANCE LICENSE:**

I hereby agree to comply with the laws of Utah relating to the Controlled Substances Act and Rules.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# PODIATRIC PHYSICIAN QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. \_\_\_\_\_ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. \_\_\_\_\_ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. \_\_\_\_\_ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. \_\_\_\_\_ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?

*(Questions continue on following page.)*

10. \_\_\_\_\_ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
11. \_\_\_\_\_ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. \_\_\_\_\_ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. \_\_\_\_\_ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
14. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
15. \_\_\_\_\_ Have you been named as a defendant in a malpractice suit?
16. \_\_\_\_\_ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
20. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
21. \_\_\_\_\_ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

*(Questions continue on following page.)*

22. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
23. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
24. \_\_\_\_\_ Have you ever been **arrested for or charged with** a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
25. \_\_\_\_\_ Have you ever been **arrested for or charged with** a felony in any jurisdiction?
26. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
27. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
28. \_\_\_\_\_ Have you ever been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
29. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

**If you answered “yes” to questions 24, 25, 26, 27, 28, or 29 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.**

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

## EVALUATION OF POSTGRADUATE TRAINING

**TO BE COMPLETED BY APPLICANT:** Request that the Residency Director complete this form and mail it directly to the Division. Evaluations will not be accepted from administrative personnel. Letters of recommendation will not be accepted in lieu of this form.

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Name of Evaluating Hospital/Institution: \_\_\_\_\_

Department: \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

Type of Postgraduate Training: \_\_\_\_\_ Internship \_\_\_\_\_ Residency \_\_\_\_\_ Fellowship

I hereby authorize release to the Utah Division of Occupational and Professional Licensing any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure as a physician and surgeon.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY EVALUATING PHYSICIAN:

Name of Evaluating Physician (Please Print): \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This evaluation is based on: \_\_\_\_\_ Personal Knowledge \_\_\_\_\_ Review of Credential File

How long have you known the applicant? years \_\_\_\_\_ months \_\_\_\_\_

Is this training program accredited by the Council on Podiatric Education? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please answer “yes” or “no” for each question. Please do not leave any question blank.**

1. \_\_\_\_\_ Are the dates provided by the applicant on the top portion of the form accurate?  
If no, please indicate the period of program: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_
2. \_\_\_\_\_ Is the applicant related to you?
3. \_\_\_\_\_ Do you know the applicant well?
4. \_\_\_\_\_ Has your acquaintance with applicant continued until recent dates?
5. \_\_\_\_\_ Do you consider the applicant reliable?
6. \_\_\_\_\_ Do you consider the applicant ethical?
7. \_\_\_\_\_ Do you consider the applicant to be of good character?
8. \_\_\_\_\_ Has the applicant, to your knowledge, ever been guilty of fraud or dishonesty?
9. \_\_\_\_\_ Has the applicant, to your knowledge, ever been guilty of unprofessional conduct?
10. \_\_\_\_\_ If the English language is not the native language of this applicant, do you feel that he/she has the ability to adequately communicate in the English language?
11. \_\_\_\_\_ To your knowledge, has the applicant ever been warned, censored, disciplined, had admissions monitored or privileges limited?
12. \_\_\_\_\_ To your knowledge, has the applicant ever been asked to leave a training or post-graduate program?
13. \_\_\_\_\_ Did the applicant successfully complete this training program?
14. \_\_\_\_\_ Do you have any reservations about recommending the applicant for licensure? If yes, please explain on attached sheet.
15. \_\_\_\_\_ Is there anything else you think we should be aware of in evaluating this applicant for licensure? If yes, please explain on attached sheet.

16. Please rate the applicant's:

|                       |                 |            |               |                |            |
|-----------------------|-----------------|------------|---------------|----------------|------------|
| Professional Ability: | _____ Excellent | _____ Good | _____ Average | _____ Adequate | _____ Poor |
| Attention to Duties:  | _____ Excellent | _____ Good | _____ Average | _____ Adequate | _____ Poor |
| Breadth of Education: | _____ Excellent | _____ Good | _____ Average | _____ Adequate | _____ Poor |
| Interpersonal Skills: | _____ Excellent | _____ Good | _____ Average | _____ Adequate | _____ Poor |

All reports received by the Division of Occupational and Professional Licensing on a licensure applicant are confidential and are not subject to disclosure. However, the board must disclose such reports if they are relied upon in a contested denial of licensure.

Evaluating Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Fax: (801) 530-6511

## REQUEST FOR VERIFICATION OF LICENSE

**(Use this form to verify licensure from another state, if applicable.)**

### TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to the Division or return it to you for submission with your application.

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a: \_\_\_\_\_

I am/have been licensed in your state under the name: \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_

My Date of Birth is: \_\_\_\_\_

My license number in your state is/was: \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of: \_\_\_\_\_

Signature of Qualifier: \_\_\_\_\_

*(Continued on the reverse.)*

**TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (as it appears in verifying state's records): \_\_\_\_\_

Name of Qualifying Person: \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Continuously Licensed:

\_\_\_\_\_ Yes \_\_\_\_\_ No, please explain: \_\_\_\_\_

Licensed By:

\_\_\_\_\_ Exam, Type: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Endorsement, From What State \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required For Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

\_\_\_\_\_ No \_\_\_\_\_ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

(SEAL)